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## Special Article

## Closing the contraceptive coverage gap: A multipronged approach to advancing reproductive equity in Illinois ☆☆☆

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## ABSTRACT

Despite Illinois' progress in the area of reproductive health, Black, Indigenous, and People of Color, young people, and people with low resources face persistent barriers to high-quality contraceptive care and experience inequities in reproductive health outcomes. Illinois Contraceptive Access Now (ICAN!) is a 5-year initiative that aims to improve the quality and coverage of contraceptive care at community health centers statewide. By leveraging state policies, a robust community health infrastructure, digital innovation, and with a focus on sustainability, ICAN! seeks to cut the "contraceptive coverage gap" in Illinois in half by 2025. As Illinois democratizes access to contraceptive care, this initiative can serve as a model for advancing reproductive equity nationwide.

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## 1. Background: the contraceptive coverage gap in Illinois

Over the past decade, Illinois has been a leader in enacting progressive reproductive health policies. Despite this progress, equity has not yet been achieved, and there remain persistent disparities in reproductive health outcomes. Black women in Illinois are 6 times more likely to die of a pregnancy-related condition than White women [1]. Over two-thirds of births to Black women result from unintended pregnancies, compared to about half of births to Hispanic women and one-third of births to White women [2]. Illinois ranks 28th in teen pregnancies and 20th in teen births, with Black and Hispanic teens 5 times more likely to experience a birth than White teens [3]. The rate of preterm birth in Illinois is highest among Black infants (14.5%, compared to 9.5% among White infants) [4], and infants born to Black mothers in Illinois are nearly 3 times more likely to die before 1 year of age than those born to White mothers [5]. These disparities in reproductive and perinatal outcomes result from racism and racial inequities at multiple levels, including bias in how health care is delivered and unequal access to care [6]. While measures of unintended pregnancy and

teen pregnancy rates are informative, they fall short in capturing the numerous factors influencing these measures among diverse communities [7,8].

We estimate that nearly 500,000 people in Illinois fall into a "contraceptive coverage gap" due to immigration status, the pervasiveness of religiously affiliated health care and coverage, confidentiality concerns, and lack of insurance (Table 1) [9-13]. Among the 2.5 million women ages 15 to 44 in Illinois, approximately 62% (1,568,000) are contraceptive users [14]. Of contraceptive users, we estimate that approximately 30% (470,580) lack insurance coverage for contraceptive services and supplies [15]. Where contraceptive care is accessible, quality varies widely and is dependent on the individual provider's training, biases, and the health center's infrastructure [16]. Among patients seeking contraceptive care at Illinois community health centers, only 1 in 5 receives contraceptive counseling [15]. Health centers have nascent telehealth infrastructure for contraceptive care, and often, patients are unable to obtain same-day access to their preferred birth control method [17]. These barriers are compounded by patient driven factors, including distrust of the health care system due to experiences of discrimination, racism, and/or contraceptive coercion [18]. Collectively, these issues prevent individuals from making informed, supported decisions about contraceptive care and from exercising reproductive autonomy.

Further, nearly 800,000 women at or below 250% of the federal poverty level live in counties without health centers offering the full range of contraceptive methods [19]. This is due in part to the prevalence of Catholic-affiliated health systems. In Illinois, 30% of hospitals are Catholic-affiliated, limiting patients' options for fam-

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**Table 1**

Overview of the contraceptive coverage gap, 5-year goals and digital platform priorities of the Illinois Contraceptive Access Now (ICAN!) initiative

Illinois Contraceptive Access Now (ICAN!) snapshot	
Who falls into the “contraceptive coverage gap?”	
Noncitizen immigrants	(~66,000)
Medicaid/CHIP eligible but not enrolled	(~115,000)
Restrictions within religiously affiliated health systems	(~141,000)
Not using coverage due to confidentiality concerns (e.g., adolescents)	(~160,000)
Individuals with ACA grandfather coverage, high-deductible plans or employer-sponsored plans with religious affiliation	(Data unavailable)
Uninsured citizens	(~177,000)
*Estimates reflect overlap between these groups.	
5-year goals	
Reduce the contraceptive coverage gap by 50%	
Connect 500,000 Quality Hub patients to person-centered contraceptive counseling	
Develop 20+ Quality Hubs serving individuals in the contraceptive coverage gap	
Ensure that cost is not a barrier for people accessing contraceptive care at a Quality Hub	
Educate more people on their rights to the full range of contraceptive options, including where and how to access them	
Digital platform priorities	
Help individuals explore all birth control options in English and Spanish control options in English and S	
Expand to offer telehealth contraceptive services and increase capacity with providers	
Partner with Quality Hubs to ensure the platform enables sustainability in terms of reimbursement, staff capacity, and patient volume	

ily planning services [13]. Of Illinois women with Medicaid, 85% of Black and Hispanic women are enrolled in 1 of the 5 health plans with a high saturation of Catholic-affiliated hospitals, compared with 75% of White women.

The nation's intertwined crises of public health and racial injustice have highlighted the urgent and profound need for more equitable health care delivery and have compounded the existing unmet need for high-quality contraceptive care. As documented by Ott et al., community health centers are facing budgetary constraints, shortages of personal protective equipment and staff, and the need to provide care in the wake of the pandemic [20]. The Guttmacher Institute reports that 1 in 3 women are struggling to access birth control—with young people, Black, Indigenous, and People of Color (BIPOC), and people with low resources impacted most severely [21].

## 2. Approach: improve quality, expand coverage

With access to contraceptive care that is no or low cost, convenient, comprehensive, person-centered, trauma-informed, and free from bias, Illinois can reduce persistent inequities in reproductive and maternal health outcomes and provide every person with the ability to decide if, when, and under what circumstances to become pregnant and parent.

Illinois Contraceptive Access Now (ICAN!)—a 5-year, statewide reproductive health initiative—has convened community health care providers, community members, state agencies, reproductive justice leaders, and researchers to address the unmet need for high-quality contraceptive services by: (1) improving the quality of contraceptive care, and (2) expanding contraceptive care coverage (Table 1).

ICAN! will embrace key learnings from Juno4Me—a digital birth control education and connect-to-care platform which connected Chicago-area users to high quality, without financial barriers. ICAN! will expand on Juno4Me's innovative model by engaging in 3 strategies: (1) Building the capacity of local community health networks to serve as contraceptive care Quality Hubs. (2) Developing an enhanced digital platform providing contraceptive education as well as access to all birth control options at Quality Hubs. (3) Advancing innovative administrative policies that will close the contraceptive coverage gap in Illinois (Table 1).

### 2.1. Applying a reproductive justice framework

In 1994, 12 Black women coined the phrase “reproductive justice” from the concepts of reproductive rights, social justice, and

human rights as a way of centering the specific lived experiences of Black women when neither the mainstream women's rights movement or civil rights movement were able to adequately address the reproductive health experiences of Black women [22].

ICAN!'s strategy is informed by reproductive justice theory. As such, our goal is not to direct individuals toward particular contraceptive methods; our goal is to create the conditions for individuals to make informed decisions about their reproductive and sexual health using a patient-centered contraceptive counseling model, which places the individual and their unique life realities at the center of the provider-patient relationship. Furthermore, ICAN!'s patient-centered contraceptive counseling model affirms the viewpoint that with education and unbiased information about the full spectrum of contraceptive options, people can be empowered to become experts about their own reproductive and sexual lives.

ICAN!'s reproductive justice focused, patient-centered contraceptive care strategy addresses the ethical question of where the emphasis should be placed—squarely fixed on valuing the human rights, welfare, and autonomy of the individual. Similarly, ICAN!'s strategy further codifies the ethical obligation that clinicians have to prioritize the humanity and well-being of the patient over any biases they may have about patients and their ability to control their fertility and ultimately, their reproductive outcomes.

Although ICAN!'s emphasis is on contraceptive equity, we recognize the intersectionality of people's lives. Thus, applying a reproductive justice analysis means ICAN! recognizes the connection between unintended pregnancy and the transmission of HIV and other sexually transmitted infections (STIs). In Illinois, Black people experience the highest rates of STIs [23]. ICAN! will work with Quality Hubs to incorporate information about accessing and correctly using barrier methods especially with options such as intrauterine devices and implants, while also supporting evidence based STI guidelines for screening, prevention and treatment.

By applying the reproductive justice lens to every facet of our initiative, ICAN! seeks to improve the quality of contraceptive care in community health centers by ensuring care is dignified, culturally reflective of the populations served, free of coercion, and evidence based.

We also seek to increase the number of people covered for contraceptive care while also connecting them to essential whole-person preventive and primary care services. We aim to ensure that there is long-term public investment to sustain the level and quality of care and coverage achieved through ICAN! and that priority populations—individuals of childbearing age who are BIPOC,

young, and/or living in under-resourced communities— have a voice in program design and implementation.

## 2.2. Quality Hubs

Over 5 years (2021–2025), ICAN! will build the capacity of 20 + community health centers throughout Illinois to serve as contraceptive care Quality Hubs through training, billing and enrollment support, and community-based referral pipelines. Quality Hubs will provide same-day access to all FDA-approved birth control methods without a decrease in net margin and without financial barriers for patients. Each year, Federally Qualified Health Centers (FQHCs) in Illinois serve over 358,000 women of reproductive age—63% of whom identify as BIPOC and 68% of whom have incomes at or below 100% of the Federal Poverty Level [15]. Partnering primarily with FQHCs reflects our goals of advancing health equity in communities that are under resourced and creating long-term systems change in how contraceptive counseling and services are delivered in primary care settings.

Quality Hubs will be selected based on their size and proximity to regions facing the greatest unmet contraceptive need [24,25]. Other priorities for Quality Hub participation will include having a sliding fee scale, a patient population that is over 40% Medicaid, the ability to bill and get reimbursed for all contraceptive services, the ability to immediately verify insurance coverage, and eligibility for federal discount on all medications. For our 2021 demonstration year, we have selected 3 FQHC partners that together serve over 160,000 patients annually across 34 locations in communities that are under resourced on Chicago's west, south, and far north sides. Forty-six percent of patients identify as Hispanic or Latinx and 37% as Black. About 1 in 3 patients are women of reproductive age (15–44). While the demonstration year Quality Hub partners are located in the greater Chicago area, the initiative will expand its reach in subsequent years to FQHCs serving Central Illinois and rural Southwestern Illinois—regions with profound racial and economic inequities in reproductive health outcomes and great unmet contraceptive need (Appendix A).

ICAN! will engage in 3 core activities to build health center capacity to be recognized as a Quality Hub: provider training, technical assistance, and referral pipeline development.

As an introduction to Quality Family Planning and reproductive justice concepts, ICAN! will invite the entire FQHC workforce—both administrative and clinical—to participate in 2 ICAN!-developed webinars: one focused on reproductive justice applications to clinical care, developed and led by 1 of the 12 Black female founders of the reproductive justice movement, and a second focused on an in-depth review of the full choice of contraceptive methods available, led by a clinical leader in the field. These presentations will be available both live and on-demand and will ground participants in the baseline knowledge needed to embrace a system-wide approach to person-centered contraceptive care. They will be updated based on participant feedback and new modules will be added to the series as additional needs are identified.

ICAN! will also curate and implement site-specific TRUER care trainings (Appendix B) to educate staff on how to apply trauma-informed practices and unconscious bias awareness to person-centered contraceptive counseling. Trainings will show how, similar to substance/tobacco use screening, screening for reproductive well-being can be incorporated routinely in intake screenings for preventive and problem visits for every person of childbearing age. Responsive to Quality Hub's EMR templates and clinic workflow, ICAN! will help to adapt resources from PATH or One Key Question [26,27] to enable staff to ask patients about reproductive well-being. To ensure Quality Hubs are meeting CDC Quality Family Planning standards, ICAN! will regularly facilitate contin-

uous quality improvement activities, including patient simulation and on-site observation.

Further, ICAN!'s provider training program will include clinical proctorship to provide clinicians with didactics and hands-on experience in insertion and removal of intrauterine devices and implants. The most common obstacle for clinicians to move from novice to proficient in contraceptive procedures is lack of supervised experience. Once proficient, ICAN!'s Clinical Training Advisor will continue to support clinicians with guidance on more complex clinical scenarios to further the proficiency level. Pending patient demand, ICAN! will support each health center location to have at least one fully proficient family planning provider in both intrauterine device insertion and removal and contraceptive implant insertion and removal.

ICAN!'s technical assistance offerings will support FQHC administrative and operational staff in refining a model for financial sustainability. Through ICAN! trainings, health centers will develop workflows that enable them to order and stock same-day contraceptive supplies, develop protocols to ensure financial counseling for new and existing patients of childbearing age to determine coverage eligibility, and optimize contraceptive services billing and coding practices to maximize reimbursement. Additional technical assistance will focus on utilizing patient feedback to improve service delivery and patient retention and building telehealth infrastructure for contraceptive care.

Finally, through partnerships with community-based organizations serving vulnerable populations, youth and BIPOC-informed messaging, and a digital connect-to-care platform, we will encourage contraceptive users to choose Quality Hubs as their medical homes. During the demonstration year, we will launch training programs with 6 to 9 maternal and child health organizations to improve their knowledge and support around reproductive well-being and person-centered contraceptive counseling. Organizational partners will be expected to participate in the 2 foundational webinars noted under provider training.

## 2.3. Community engagement

By optimizing the digital platform and partnering closely with community leaders and organizations, ICAN! will enable young, BIPOC, and individuals with low resources to exercise their reproductive right to access high-quality contraceptive services (Table 1).

While there are over a dozen birth control delivery platforms that promote convenience and on-demand care, none are designed for offering all methods without cost. ICAN!'s digital platform will expand access by partnering with local community health providers to strengthen the provision of reproductive health care in the context of primary care with continuous quality improvements via patient reported outcome measurements. It will directly connect users to a telehealth or in-person appointment with skilled providers equipped to provide same-day access to all methods without financial barriers. The platform will incorporate patient experience metrics by asking users to complete the Person-Centered Contraceptive Counseling survey (PCCC) postappointment [28].

ICAN! will develop and test a research-based, multichannel, reproductive justice-grounded communications strategy with the goal of guiding individuals in the priority population to the digital platform, and ultimately, to their local Quality Hubs. It is imperative that these efforts be guided by individuals whose lived experiences reflect those of the priority populations. We have established a diverse cohort of local leaders to participate in a Community Advisory Board (CAB), half of whom participate in a dedicated Youth Advisory Board (YAB) for individuals ages 17 to 24. In addition to quarterly meetings, members will be offered opportunities to at-

tend webinars and trainings on related topics. Community Advisory Board members range in age from 18 to 63 years with varied professional and personal experiences, including staff members at local organizations, parents, and residents of neighborhoods.

These leadership bodies will guide digital development efforts, ensuring content, assets, and user experience are accessible, engaging, and actionable. They will also educate peers on all birth control methods and leverage relationships with community-based organizations to establish referral pipelines for the digital platform and Quality Hubs. Both the Community and Youth Advisory Boards will support Quality Hub development by reviewing and providing feedback on training materials and serving as quality assurance shoppers to ensure accessible care.

#### 2.4. Policy reform

The success of our efforts to improve the quality of care in community health settings relies on simultaneous pursuit of cost-effective policy reforms to close the contraceptive coverage gap. Illinois' report on maternal mortality and morbidity highlighted a key policy recommendation that include expansion of postpartum coverage from 60 days to 12 months [1]. Continuing care for up to a year after delivery is a critical variable to improving outcomes; however coverage beyond this period must be prioritized to address reproductive well-being across the lifespan. The cornerstone of ICAN!'s policy agenda is a model Family Planning State Plan Amendment (SPA) that will prioritize inclusions that increase eligibility for contraceptive coverage from 138% of the federal poverty level to >213% and ensure seamless access to high-quality contraceptive care. The proposed SPA will include: income eligibility requirements based on individual rather than household income, presumptive eligibility so coverage can be immediate, and an exception for insured individuals needing confidential care. We estimate that 70,000 individuals who otherwise would not qualify for traditional Medicaid will become eligible for coverage that will not only include contraceptive care but also associated preventive screenings.

Illinois is in a strong position to effect systemic improvements in access to contraceptive care for Medicaid members. Five Managed Care Organizations cover 85% of the state's 2.7 million Medicaid members; this high penetration rate means that changes to contract and reporting requirements will result in expansive impact for enrollees. ICAN! will advocate for: (1) adequate network coverage for reproductive health services, (2) transparency to ensure member awareness of their right to free choice of provider when seeking family planning services, and (3) referrals and coverage of direct delivery of contraceptive supplies and virtual visits via direct to member/consumer digital platforms. We will also work with State Medicaid to incorporate contraceptive performance measurement(s) into pay for performance/reporting metrics—a novel approach to hold Managed Care Organizations accountable for both contraceptive access and quality.

### 3. Next steps: how we plan to assess change over time

We will evaluate the effectiveness of ICAN!'s programs and the fidelity to reproductive justice principles using diverse data sources, guided by the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) framework [29]. RE-AIM is a commonly used framework to structure how health-promotion programs translate research into practice and measure individual, institutional, and population-level impact. ICAN will apply RE-AIM by conducting baseline service and readiness assessments at Quality Hubs and systematically measuring change in the pilot year (short-term) and following 4 years (long-term).

Short-term measures will include: the number of Quality Hub providers offering same-day access to all contraceptive methods; patient experience; the number of overall contraceptive care visits, and insurance coverage for these visits; and community participation, assessed with surveys of Community Advisory Board members and community-based organization personnel. Long-term measures will include maternal and infant outcomes from public health data and pregnancy intendedness and health service utilization assessed from population-based surveys. We acknowledge that pregnancy intendedness remains an imperfect measure, and does not take into consideration discrepancies between intention and contraceptive behavior.

#### 3.1. Clinician and staff surveys

The number of providers offering same-day access to all methods, and overall change in the knowledge and practices of Quality Hub personnel, will be assessed using pre- and post-training surveys. We will survey Quality Hub clinicians and staff at baseline and post-training to assess their knowledge of reproductive justice principles and person-centered contraceptive care.

#### 3.2. Patient surveys

Patients will receive an after-visit survey containing the 4-item Person-Centered Contraceptive Counseling measure, a validated patient-reported outcome performance measure [30]. We will track change over time in the percentage of each Quality Hub's patients answering "excellent" on all 4 items.

#### 3.3. Clinic billing data

The number of patients receiving any reproductive health screening or counseling, and the number receiving contraceptive services, will be tracked using diagnosis and procedure codes from encounter-level billing data. We will also track the percentage of reproductive age patients who lack health insurance coverage for contraception and the number newly enrolled in coverage. Finally, clinics will track financial margins (revenue minus cost) for reproductive health visits.

#### 3.4. Feedback from community organizations and advisors

Members of the Community Advisory Board will receive a year-end survey, asking both multiple-choice and open-ended questions about their experience serving on the board and their perspective on how well ICAN! is meeting its goals. Staff at partnering community-based organizations will receive baseline and year-end surveys assessing their knowledge of reproductive justice principles, their practices around referring clients for contraceptive care, and their experience participating with ICAN!.

#### 3.5. Public health data

We will analyze publicly available data on teen births, maternal mortality, severe maternal morbidity, and preterm birth from the Illinois and Chicago departments of public health, examining both statewide trends and the geographies served by ICAN!'s participating community health centers. We will also use the Illinois Pregnancy Risk Assessment Monitoring System survey to assess changes in percentage of pregnancies reported as mistimed or unwanted, and the percentage in which the respondent had a pre-conception health care visit.

#### 4. Conclusion

ICAN! strives to create an Illinois where every person has the ability to decide if, when, and under what circumstances to be pregnant and parent. Broaching sexual and reproductive health in primary and preventive care should become the norm; no longer siloed and stigmatized. When systems can embrace a TRUER model of reproductive care while remaining fiscally strong, communities can exercise their rights and voluntarily engage in their reproductive well-being across the lifespan. As Illinois democratizes access to high-quality contraceptive care, our hope is to serve as a replicable model for advancing reproductive health equity nationwide, paving the way for real and lasting culture change and new standards for reproductive health delivery in primary care.

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#### Supplementary materials

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